

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 15 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City.....

(No. 3899)

City

St.

Ward)

2. FULL NAME

(a) Residence, No. 2702 N. 11th St., 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word).

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 23, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

70

4

11

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Mil

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Indiana

13. NAME

Don't Know

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

"

15. MAIDEN NAME

Don't Know

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

"

17. INFORMANT
(ADDRESS)Napoleon M. Kent
City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

July 7, 1934

19. UNDERTAKER
(ADDRESS)Central Union Co
441 Cass Ave

20. FILED

77-6-1934

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 4, 1934

22. I HEREBY CERTIFY That I attended deceased from

16/7, 1934 to 7/4, 1934

I last saw him alive on 7/4, 1934 Death is said

to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

238

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)..... M. D.

(Address).....

28

16

16

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#2

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,

BUREAU OF THE CENSUS

Special Agent,

Jefferson City, Mo.

WASHINGTON

6698

St. Louis.

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ernest Staley
 Who died at _____ on July - 4 - 1934
 Residence: No. _____ St. _____
 (If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
 Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar J. J. Bekech 8-29-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 791

Very truly yours,

Primary Reg. Dist. No. 1003

E. T. McGaugh, M.D.
 Special Agent. K.

26529